			0	RDER	FOR SUP	PPLIES OR S	SERVIC	ES			Ρ.	AGE 1 OF	19
1.CONTRACT/PU AGREEMENT I GS35F142BA	RDER		DELIVERY O	PRDER/CALL?	NO. 3. DATE OF ORDER/CALL (YYYYMMMDD) 2016 Sep 08		4. REQ / PURCH. REQUEST NO.			5. P R	5. PRIORITY		
5. ISSUED BY CODE N39430  NAVFAC EXWC CODE ACQ / NAVAL BASE VENTURA COUNTY 1100 23RD AVE BLDG 1100 PORT HUENEME CA 93043-4301						7. ADMINIST ERED BY (if other than 6) CODE  SEE ITEM 6						8. DELIVERY FOB  X DESTINATION OTHER  (See Schedule if other)	
NAME MIKE	ERSION ( E GUADA SOMER	GNIN VILLE	SULTING LLC	32FX8		FACILITY		SEE	ELIVER TO FOB 'YYYMMMDD) SCHEDULE SCOUNT TERMS		(Date) 11.N	SMALL SMALL DISADVAN WOMEN-OV	TAGED
									1AIL INVOICI ltem 15	ЕЅТО ТН	E ADDRESS	IN BLOCK	
14. SHIP TO NAVAL FACILIT FRANCINE WIL WASHINGTON 1322 PATTERSO STE 1000 WASHINGTON			D C P	FAS CLEVELAND LEVELAND NORFO O BOX 998022	ELAND NORFOLK ACCOUNTS PAYABLE					MARK ALL PAC KAGES AND PAPERS WITH IDENTIFIC ATIO N NUMBERS IN BLO C KS 1 AND 2.			
16. DELI	IVERY/ L	VERY/ X This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of abo									s ofabove numb	ered contract.	
OF RDER PURCHASE Reference your quote dated Furnish the following on terms specified herein. REF:													
NAME OI  If this box	is mark	ed, s	ORDER AS I AND CONDI	T MAY PR IT IONS SET	SIGNA	n the following nu	IS NOW MO PERFORM T	DIFIED THE SAM	, SUBJECT TC	ALL OF	THE TERM	DATE SIC	GNED
See Sched							Tax and		. 1				
8. ITEM NO. 19. SCHEDULE OF SUPPLIE					UPPLIES/ SE	RVICES	ORD	ANTITY DERED/ CEPTED*  21. UNIT 22. UN		22. UNIT	T PRICE 23. AMOUN		JNT
					HEDULE								
* If quantity accepquantity ordered,	indicate b	y X. I	f different, enter	actual EMAII	JNITED STATES 805-982-5092 L: maria.naila ARIA SOCORRO	at@navy.mil			Socous C. ORDERING OFFI		25. TOTAL 26. DIFFERENCES	\$37,720.00	EST
27a. QUANTII	ΓΥ IN C	OLU	MN 20 HAS E	BEEN ACCEPTEI		FORMS TO THE		ierine /	ORDERING OFFI	C2A	BITERENCE		
o. SIGNATUR	E OF AU	JT H	ORIZED GOV	ERNMENT	REPRESENT	ΓΑΤΙVE	c. DATE	MDD)	d. PRINTED GOVERNME				ZED
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE								Ο.	29. DO VOUC	CHER NO.	30. INITIALS		
f. TELEPHONE NUMBER g. E-MAIL ADDRESS								ΓIAL .L	I I		33. AMOUN CORRECT F	MOUNT VERIFIED ECT FOR	
36. I certify th	<b>i</b>						31. PAYM		•		34. CHECK	NUMBER	
a. DATE b. SIGNATURE AND TITLE OF CERTIFYING OFFICER (YYYYMMMDD)							COMPLETE PARTIAL FINAL 33			35. BILL OF	BILL OF LADING NO.		
37. RECEIVED	AT	38	. RECEIVED	ВҮ		TE RECEIVED	40.TOTAL	,	41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.		
		- 1			1		I				l		